

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to 11-18-02
 * 01-348
 George Kohl
 501 Third Street, N W
 Washington, DC 20001

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) TDV B Date of Delivery NOV 25 2002
 C Signature Nis ☐ Agent ☐ Addressee
 X ☒ Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below ☐ No

3 Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C O D

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)

0023 0771 3174

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348

**CERTIFIED
MAIL**

RETURN RECEIPT

NAME: George Kohl
 501 Third Street, N.W.
 Washington, DC 20001

ORDER DATED <u>11-18-02</u>
<u>02M-103</u>
FCC <u>02M-104</u>
MIMEOGRAPH NO.

RETURN REQUESTED
NOV 22 2002
FCC - MAILROOM

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>66</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.73</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.69</u>

11-18-02
01-348

Postmark
Here

C-0203

George Kohl
 501 Third Street, N.W.
 Washington, DC 20001

PS Form 3800, Jul. 1999

7000 0600 0023 0771 3174